

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000063519

1. Entity Name
F.C.R. INC., REALTY



Principal Place of Business
2500 AIRPORT RD S
STE 209
NAPLES, FL 34112 US

Mailing Address
2500 AIRPORT RD S
STE 209
NAPLES, FL 34112 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07222005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0482034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIHOK, VALERIE
365 CARNABY COURT
NAPLES, FL 34112

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Valerie Mihok

7/22/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME MIHOK, VALERIE
STREET ADDRESS 365 CARNABY COURT
CITY-STATE-ZIP NAPLES, FL 34112

TITLE President ☒ Change ☒ Addition
NAME Ryall, Evelyn
STREET ADDRESS 509 Hillcrest Avenue
CITY-STATE-ZIP Titusville, FL 32796

TITLE VP ☒ Delete
NAME RYALL, EVELYN
STREET ADDRESS 509 HILLCREST AVE
CITY-STATE-ZIP TITUSVILLE, FL 32796

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME MIHOK, CHRISTIAN A
STREET ADDRESS 1063 GRINDLE BRIDGE RD
CITY-STATE-ZIP DAHLONEGA, GA 30533

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
700058397697
08/09/05--01057--017 **122.50

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/05 (321)264-9631

Date

Daytime Phone #